

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Plaintiff

Address: _____

-vs/and-

Defendant

Address: _____

Enter: _____

Date: _____

Case No. _____

File No. _____

CSEA No. _____

Judge _____

**AFFIDAVIT OF INCOME, EXPENSES
AND FINANCIAL DISCLOSURE**

STATE OF OHIO, SS:

Now comes _____ affiant herein, and having been duly cautioned and sworn, states that they have been advised that this affidavit may be used for any or all of the following purposes: (1) to make complete disclosure of affiant's income, liabilities and expenses; (2) to assist in determining orders of child support or spousal support when applicable or any changes thereto; and (3) to provide for the issuance of the appropriate deduction order for support.

Minor and/or Dependent Children of this Marriage:

_____ age _____ is residing with _____
_____ age _____ is residing with _____
_____ age _____ is residing with _____

GROSS YEARLY INCOME

SECTION I

Plaintiff (1) _____ Yes _____ No Employed Yes _____ No (2) **Defendant**

\$ _____ Actual or Estimate Base Yearly Wages Actual or Estimated \$ _____

\$ _____ Yearly Averages Overtime, Commission & Bonus Income \$ _____

_____ Employer
_____ Payroll Address
_____ City, State, Zip

12 24 26 52 Scheduled Paychecks Per Year 12 24 26 52

\$ _____ Unemployment Benefits \$ _____

\$ _____ Workers' Compensation \$ _____

Social Security or Other Disability Benefits
\$ _____ List Sources in Section D-2 \$ _____

\$ _____ Spousal Support Received \$ _____

Interest / Dividend Income
\$ _____ List Source in Section D-2 \$ _____

Public Assistance or
(\$ _____) Income Supplement Security (\$ _____)

Other Income Received
\$ _____ List Source in Section III-B \$ _____

\$ _____ **TOTAL YEARLY INCOME** \$ _____

Husband (1)

Wife (2)

ANNUAL INCOME, OVERTIME AND BONUSES EARNED
(Past Three Years)

	Base Income	Overtime, and/or Bonuses		Base Income	Overtime and/or Bonuses
_____ year 3	\$ _____	\$ _____	_____ year 3	\$ _____	\$ _____
_____ year 2	\$ _____	\$ _____	_____ year 2	\$ _____	\$ _____
_____ year 1	\$ _____	\$ _____	_____ year 1	\$ _____	\$ _____

ADJUSTMENTS

Court Ordered Support Paid
\$ _____ per year for other child(ren) \$ _____ per year

Court Ordered Spousal Support
\$ _____ per year Paid to a Former Spouse \$ _____ per year

Number of Other Dependent
_____ .Children living with the Party
(Excluding Unadopted Step Children)

Child Support Received for Other Dependent Children
\$ _____ per year Indicated Immediately Above \$ _____ per year

Health Insurance Premium Paid
\$ _____ per year by Party if Children Included \$ _____ per year

For Post Decree Modifications Only
Gross Income of Current Spouse or
\$ _____ per year Other Contributor in Household \$ _____ per year

SECTION II**AFFIANT'S MONTHLY EXPENSES**

List expenses below for your **present household**. There are _____ adults and _____ children in my household.

A. Housing:

1. Rent or Mortgage (including taxes and insurance) \$ _____
2. Utilities
 - a. Gas & Electric \$ _____
 - b. Water & Sewer \$ _____
 - c. Telephone (excluding long distance) \$ _____
 - d. Trash Collection \$ _____
 - e. Cable Television \$ _____
3. Other \$ _____

TOTAL HOUSING \$ (A)

B. Other

1. Car Repairs and License \$ _____
2. Insurance: \$ _____
3. Medical Expenses (not covered by insurance) \$ _____
4. Clothing \$ _____
5. Grocery Items (to include food, laundry and cleaning products/toiletries, etc.) \$ _____
6. Child Related Expenses \$ _____
 - a. (employment related only) \$ _____
 - b. Other \$ _____
7. Gasoline & Oil \$ _____
8. Other: \$ _____

MONTHLY TOTAL \$ (B)

C. MONTHLY INSTALLMENT PAYMENTS
(Do not list expenses previously listed in Section B)

To Whom Paid	Purpose	Balance Due	Monthly Payment
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
MONTHLY TOTAL			\$ (C)
GRAND TOTAL MONTHLY EXPENSE (Sum A,B,C, plus D (optional))			\$

SECTION III FINANCIAL DISCLOSURE

A. List all funds on deposit in any and all accounts, in any bank, savings & loan, credit union, regulated investment company, mutual fund or other financial institution. Account includes ant of the following: checking, certificate of deposit ("CD"), investment, savings, individual retirement ("IRA"), stock option, etc. Attach additional pages if needed.

Name & Address of Financial Institution	Account No.	Name(s) on Account	Balance Date of this Affidavit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

B. Other income source listed in Section I (i.e., retirement / pension benefits, disability income, interests dividend income, rentals, annuities, etc. not listed in Section III-A). Attach additional pages if needed, Need not complete pre-decree.

Name & Address of Source	Identifying Description (Account No., Claim No. , etc.)	Income or Benefits
_____	_____	\$ _____ per _____
_____	_____	

SECTION IV OTHER ASSETS AND LUMP SUM INCOME

1. Describe assets of more than \$1,000 in value not otherwise listed in this affidavit (equity in real estate, stocks, bonds, other investments, etc.) . Attach additional pages if needed.

(a) _____	Value \$ _____
(b) _____	\$ _____
(c) _____	\$ _____

2. List any lump sum income (bonus), gifts, inheritance, etc.) in excess of \$500, expected to be received within the next six months, not otherwise listed in this affidavit. Attach additional pages if needed.

Source _____ Value \$ _____
Address _____

Affiant state that the information contained herein is complete and accurate to the best of their information, knowledge or belief under penalty of law.

Attorney for _____

Affiant ☐ Plaintiff / Petitioner (1)
☐ Defendant / Petitioner (2)

Sworn to and subscribed on my presence this _____ day of _____, 20 _____.

Notary Public _____

My commission expires _____

D. OPTIONAL

(Additional Monthly Expenses)

Complete if an award of spousal support is at issue or in the event that you are seeking a significant deviation from the child support schedule.

1. Special and Unusual Needs of the Children, Specify _____ \$ _____
2. Extraordinary Parenting Time-Related Travel Expenses _____
3. Extraordinary Obligations to other children, minor and handicapped, not step-children _____
4. Mandatory Deduction from Wages (Not taxes, Social Security) _____
5. Hair Care, Dry Cleaning _____
6. Newspapers, Periodicals, and Books _____
7. Child Care (not employment related) _____
8. Children's School Lunch Program _____
9. Children's Allowances, Activities _____
10. Tuition (for Minor Children or Self) _____
11. Entertainment _____
12. Contributions _____
13. Additional Taxes Paid (not from wages). _____
14. Memberships (Associations, Clubs). _____
15. Travel, Vacations. _____
16. Water Softener. _____
17. House Repairs. _____
18. Housekeeping. _____
19. Lawn Service. _____
20. Other (Specify) _____

TOTAL OTHER EXPENSES (D)

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